

CLIENT VISIT MILEAGE & EXPENSE RECORD

Employee Name: _____

Department / Dept No: _____

Period Start Date: _____

Period End Date: _____

Vehicle Make / Model: _____

License Plate No: _____

DATE	CLIENT NAME / PURPOSE OF VISIT	ORIGIN (FROM)	DESTINATION (TO)	ODOMETER START	ODOMETER END	TOTAL MILES	RATE (\$/MI)	TOLLS / PARKING	TOTAL COST

Total Mileage:	
Total Mileage Expense:	
Total Other Expenses:	
GRAND TOTAL:	

Employee Signature

Date: _____

Manager / Approver Signature

Date: _____